

**CEMETERY AND FUNERAL BUREAU**

P.O. Box 989003
 West Sacramento, CA 95798-9003
 (916) 574-7870 FAX (916) 574-8620



APPLICATION FOR CHANGE OF NAME FUNERAL ESTABLISHMENT
APPLICATION FEE \$200.00

SECTION A: ESTABLISHMENT INFORMATION			
Current Name of Establishment		License Number FD	Expiration Date
Proposed New Name of Establishment			
Address of Establishment		City	State CA
			Zip Code
Contact Person	Telephone Number ()	Fax Number ()	
E-Mail Address (Not Required):			
Owner(s) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			
Name of Corporation, Sole Owner or Partners (If applicable)			
Name of Managing Funeral Director		License Number FDR	
SECTION B: APPLICANT CERTIFICATION			
Certification must be signed by the owner, if a sole proprietorship; a partner, if a partnership; a corporate officer, if a corporation; or the designated managing funeral director. <i>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that upon approval of a change of name by the Cemetery and Funeral Bureau, the business of said establishment shall be conducted in accordance with the laws and rules and regulations as prescribed by said Bureau.</i>			
Signature		Print Name	
Title		Date Signed	
FOR BUREAU USE ONLY			
Date Cashiered	Amount Cashiered	ATS ID Number	Receipt Number
Name Check	Area Notice Sent	Approved On	New license Ordered

**PLEASE RETURN THE FUNERAL ESTABLISHMENT'S
 ORIGINAL WALL LICENSE CERTIFICATE WITH THIS APPLICATION**

KEEP THE RENEWAL ON THE WALL TO SHOW YOUR LICENSE IS CURRENT